

<i>SERFF Tracking Number:</i>	<i>HUMA-125628352</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>38825</i>
<i>Company Tracking Number:</i>	<i>AR-03-2008</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
<i>Product Name:</i>	<i>Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2008 Rates/AR-03-2008</i>		

Filing at a Glance

Company: Humana Insurance Company

Product Name: Individual Medicare Supplement
Plans

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 38825

Sub-TOI: MS051.001 Plan A

Filing Type: Rate

Co Tr Num: AR-03-2008

Co Status:

Authors: Michele Zabel, Dennis

Cowart, Paula Williamson

Date Submitted: 04/29/2008

State Status: Approved-Closed

Reviewer(s): Stephanie Fowler

Disposition Date: 05/27/2008

Disposition Status: Approved

Implementation Date Requested: 07/01/2008

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Rates

Project Number: AR-03-2008

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Humana Insurance Company is domiciled in Wisconsin and it has not adopted standardization, this filing will not be submitted to that State.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 11.8%

Filing Status Changed: 05/27/2008

State Status Changed: 05/27/2008

Corresponding Filing Tracking Number:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Filing Description:

Please find enclosed Humana Insurance Company's actuarial memorandum for a proposed rate increase of 11.8% for Individual Medicare Supplement Plans A, B, C, F, High Deductible F, K and L. The following forms are affected by this

<i>SERFF Tracking Number:</i>	<i>HUMA-125628352</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AR-03-2008</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2008 Rates/AR-03-2008</i>		

rate increase: Medicare Supplement Policies AR-MESA, AR-MESB, AR-MESC, AR-MESF, AR-MESF(HD), AR-MESK and AR-MESL. The proposed effective date for this increase is July 1, 2008. There has been no additional rate filings submitted for these plans since the initial approval to offer was received on May 10, 2007. In addition to SERFF, I can be reached at (502) 580-8249 or by email at mzabel@humana.com.

Company and Contact

Filing Contact Information

Michele Zabel, Senior Products Compliance Analyst	mzabel@humana.com
500 W. Main Street	(502) 580-8249 [Phone]
Louisville, KY 40201	

Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 fee per rate filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	04/29/2008	19979842

SERFF Tracking Number:	HUMA-125628352	State:	Arkansas
Filing Company:	Humana Insurance Company	State Tracking Number:	38825
Company Tracking Number:	AR-03-2008		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	Individual Medicare Supplement Plans		
Project Name/Number:	2008 Rates/AR-03-2008		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	05/27/2008	05/27/2008
Approved	Stephanie Fowler	05/27/2008	05/27/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	05/23/2008	05/23/2008	Michele Zabel	05/27/2008	05/27/2008
Pending Industry Response	Stephanie Fowler	05/21/2008	05/21/2008	Michele Zabel	05/21/2008	05/21/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Approval Conditions - Response	Note To Reviewer	Michele Zabel	05/27/2008	05/27/2008
Approval Conditions	Note To Filer	Stephanie Fowler	05/27/2008	05/27/2008

<i>SERFF Tracking Number:</i>	<i>HUMA-125628352</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>38825</i>
<i>Company Tracking Number:</i>	<i>AR-03-2008</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
<i>Product Name:</i>	<i>Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2008 Rates/AR-03-2008</i>		

Disposition

Disposition Date: 05/27/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>HUMA-125628352</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>38825</i>
<i>Company Tracking Number:</i>	<i>AR-03-2008</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2008 Rates/AR-03-2008</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate (revised)	2008 Proposed Rates	Approved	No
Rate	2008 Proposed Rates	Approved	No

<i>SERFF Tracking Number:</i>	<i>HUMA-125628352</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>38825</i>
<i>Company Tracking Number:</i>	<i>AR-03-2008</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
<i>Product Name:</i>	<i>Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2008 Rates/AR-03-2008</i>		

Disposition

Disposition Date: 05/27/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>HUMA-125628352</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>38825</i>
<i>Company Tracking Number:</i>	<i>AR-03-2008</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2008 Rates/AR-03-2008</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate (revised)	2008 Proposed Rates	Approved	No
Rate	2008 Proposed Rates	Approved	No

SERFF Tracking Number: HUMA-125628352 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 38825
Company Tracking Number: AR-03-2008
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Individual Medicare Supplement Plans
Project Name/Number: 2008 Rates/AR-03-2008

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/23/2008
Submitted Date 05/23/2008
Respond By Date 06/23/2008

Dear Michele Zabel,

This will acknowledge receipt of the captioned filing.

My apologies, I was not clear in my previous request. I need the actual proposed rates for each area with the rate factors already equated in, not just the base rates with the rate factors.

Thank you for your assistance in this matter.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/27/2008
Submitted Date 05/27/2008

Dear Stephanie Fowler,

Comments:

Response 1

Comments: As requested, proposed rates with area factors applied are provided. If you have any questions or require further information, please let me know.

Changed Items:

No Supporting Documents changed.

<i>SERFF Tracking Number:</i>	<i>HUMA-125628352</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>38825</i>
<i>Company Tracking Number:</i>	<i>AR-03-2008</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
<i>Product Name:</i>	<i>Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2008 Rates/AR-03-2008</i>		

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
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2008 Proposed Rates	AR-MESA, AR-MESB, AR-MESC, AR-MESF, AR-MESF(HD), AR-MESK, AR-MESL	Revised	<i>Previous State Filing Number</i>	
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Percent Rate Change Request
11.8

Previous Version

2008 Proposed Rates	AR-MESA, AR-MESB, AR-MESC, AR-MESF, AR-MESF(HD), AR-MESK, AR-MESL	Revised	<i>Previous State Filing Number</i>	
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Percent Rate Change Request
11.8

Sincerely,
Dennis Cowart, Michele Zabel, Paula Williamson

SERFF Tracking Number: HUMA-125628352 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 38825
Company Tracking Number: AR-03-2008
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Individual Medicare Supplement Plans
Project Name/Number: 2008 Rates/AR-03-2008

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/21/2008
Submitted Date 05/21/2008
Respond By Date 06/23/2008
Dear Michele Zabel,
This will acknowledge receipt of the captioned filing.

Objection 1

- 2008 Proposed Rates (Rate)

Comment: This filing is currently under review, however, I will need a copy of the proposed monthly rates by dollar amount to further my review.

Thank you in advance for your consideration in this matter.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/21/2008
Submitted Date 05/21/2008

Dear Stephanie Fowler,

Comments:

Response 1

Comments: The proposed monthly rates by dollar amount are provided in Exhibit D to the Actuarial Memorandum which can also be found as an attachment under the rate/rule schedule tab. If you need anything further, please let me know.

Related Objection 1

Applies To:

SERFF Tracking Number: HUMA-125628352 *State:* Arkansas
Filing Company: Humana Insurance Company *State Tracking Number:* 38825
Company Tracking Number: AR-03-2008
TOI: MS051 Individual Medicare Supplement - *Sub-TOI:* MS051.001 Plan A
Standard Plans
Product Name: Individual Medicare Supplement Plans
Project Name/Number: 2008 Rates/AR-03-2008

- 2008 Proposed Rates (Rate)

Comment:

This filing is currently under review, however, I will need a copy of the proposed monthly rates by dollar amount to further my review.

Thank you in advance for your consideration in this matter.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Dennis Cowart, Michele Zabel, Paula Williamson

SERFF Tracking Number: HUMA-125628352 *State:* Arkansas
Filing Company: Humana Insurance Company *State Tracking Number:* 38825
Company Tracking Number: AR-03-2008
TOI: MS051 Individual Medicare Supplement - *Sub-TOI:* MS051.001 Plan A
Standard Plans
Product Name: Individual Medicare Supplement Plans
Project Name/Number: 2008 Rates/AR-03-2008

Note To Reviewer

Created By:

Michele Zabel on 05/27/2008 04:33 PM

Subject:

Approval Conditions - Response

Comments:

Thank you for the approval. A policyholder will not be receiving an increase more frequently than a 12 month period.

SERFF Tracking Number: HUMA-125628352 *State:* Arkansas
Filing Company: Humana Insurance Company *State Tracking Number:* 38825
Company Tracking Number: AR-03-2008
TOI: MS051 Individual Medicare Supplement - *Sub-TOI:* MS051.001 Plan A
Standard Plans
Product Name: Individual Medicare Supplement Plans
Project Name/Number: 2008 Rates/AR-03-2008

Note To Filer

Created By:

Stephanie Fowler on 05/27/2008 04:27 PM

Subject:

Approval Conditions

Comments:

We have approved the requested 11.8% rate increase for Plans A, B, C, F, F - HD, K, and L to be implemented on or after July 1, 2008. This approval is subject to the following:

1. Increases will not be given more frequently than once in a twelve-month period.

<i>SERFF Tracking Number:</i>	<i>HUMA-125628352</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AR-03-2008</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
<i>Product Name:</i>	<i>Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2008 Rates/AR-03-2008</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	HUMA-125628352	State:	Arkansas
Filing Company:	Humana Insurance Company	State Tracking Number:	38825
Company Tracking Number:	AR-03-2008		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	Individual Medicare Supplement Plans		
Project Name/Number:	2008 Rates/AR-03-2008		

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	2008 Proposed Rates	AR-MESA, AR-MESB, AR-MESC, AR-MESF, AR-MESF(HD), AR-MESK, AR-MESL	Revised		AR 2008 Proposed Rates.pdf AR 2008 Proposed Rates w Factors Applied.pdf

Exhibit D
Humana Insurance Company
Medicare Supplement Rates ^[1]

State: Arkansas
Form #: AR-MESA, AR-MESB, AR-MESC, AR-MESF, AR-MESF(HD), AR-MESK, AR-MESL
Effective Date: July 1, 2008

Proposed Base Rates ^[3]

	Plan A		Plan B		Plan C		Plan F		Plan F-High Deductible		Plan K		Plan L	
	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]
<65 ^[2]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65+	\$140.86	\$210.17	\$148.68	\$221.35	\$172.16	\$257.12	\$173.28	\$259.36	\$68.19	\$102.85	\$82.73	\$124.09	\$119.62	\$179.98

[1] For monthly ACH/credit card payment modes. There is an additional \$2 for monthly coupon books. Other fees may apply in the future, including non-monthly modes and policy issue.

[2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.

[3] Preferred Rates are for non-tobacco users; Standard Rates are all else (e.g., tobacco users and beneficiaries originally eligible due to disability). Geographic area factors are also applied (see Exhibit C) with the final rate rounded to the nearer whole dollar.

Humana Insurance Company
Medicare Supplement Monthly Premium Rates - Arkansas ^{[1] [3]}
Effective July 1, 2008, pending regulatory approval

Area 1

	Plan A		Plan B		Plan C		Plan F		Plan F-High Deductible		Plan K		Plan L	
	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]
<65 ^[2]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65+	\$154.00	\$230.00	\$162.00	\$242.00	\$188.00	\$281.00	\$189.00	\$283.00	\$74.00	\$112.00	\$90.00	\$136.00	\$131.00	\$197.00

Area 2

	Plan A		Plan B		Plan C		Plan F		Plan F-High Deductible		Plan K		Plan L	
	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]
<65 ^[2]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65+	\$147.00	\$220.00	\$156.00	\$232.00	\$180.00	\$269.00	\$181.00	\$272.00	\$71.00	\$108.00	\$87.00	\$130.00	\$125.00	\$188.00

Area 3

	Plan A		Plan B		Plan C		Plan F		Plan F-High Deductible		Plan K		Plan L	
	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]
<65 ^[2]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65+	\$136.00	\$203.00	\$143.00	\$213.00	\$166.00	\$248.00	\$167.00	\$250.00	\$66.00	\$99.00	\$80.00	\$120.00	\$115.00	\$174.00

Area 4 (Out-of-State)

	Plan A		Plan B		Plan C		Plan F		Plan F-High Deductible		Plan K		Plan L	
	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]
<65 ^[2]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65+	\$169.00	\$252.00	\$178.00	\$266.00	\$207.00	\$309.00	\$208.00	\$311.00	\$82.00	\$123.00	\$99.00	\$149.00	\$144.00	\$216.00

[1] For monthly ACH/credit card payment modes. There is an additional \$2 for monthly coupon books. Other fees may apply in the future, including non-monthly modes and policy issue.

[2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.

[3] Preferred Rates are for non-tobacco users; Standard Rates are all else (e.g., tobacco users and beneficiaries originally eligible due to disability).

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<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>38825</i>
<i>Company Tracking Number:</i>	<i>AR-03-2008</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
<i>Product Name:</i>	<i>Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2008 Rates/AR-03-2008</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Rate and Rule	2008 Proposed Rates	04/29/2008	AR 2008 Proposed Rates.pdf

Exhibit D
Humana Insurance Company
Medicare Supplement Rates ^[1]

State: Arkansas
Form #: AR-MESA, AR-MESB, AR-MESC, AR-MESF, AR-MESF(HD), AR-MESK, AR-MESL
Effective Date: July 1, 2008

Proposed Base Rates ^[3]

	Plan A		Plan B		Plan C		Plan F		Plan F-High Deductible		Plan K		Plan L	
	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]	Preferred	Standard ^[2]
<65 ^[2]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65+	\$140.86	\$210.17	\$148.68	\$221.35	\$172.16	\$257.12	\$173.28	\$259.36	\$68.19	\$102.85	\$82.73	\$124.09	\$119.62	\$179.98

[1] For monthly ACH/credit card payment modes. There is an additional \$2 for monthly coupon books. Other fees may apply in the future, including non-monthly modes and policy issue.

[2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.

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